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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *BO*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *BO*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CO	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> <i>29</i> 12	<b>INDEPENDENT CLAIMS</b> <i>4</i> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged Allowance <i>[Signature]</i> Examiner's Signature Initials				

## ADDRESS

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## TITLE

Area based power estimation

<b>FILING FEE RECEIVED</b> 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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